STATE OF MARYLAND—	CERTIFICATE OF DEATH (13213)
1. PLACE OF DEATH	1248
County Julius anne	Registration Dist. No. 23-1
Village or City no Church Thee	NoSt.,Ward death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in gity or town where death occurred yrs, mos.	
2. FULL NAME Madrine, Grain /	Sardlegs U. S. Veteran, specify WAR
1	
(a) Residence; No. (Usual place of abode)	St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OB DIVORCED (write the word)	21. DATE OF DEATH 2
Male White married	(Month) (Day) (Yest)
5a. If married, widowed, or divorced HUSBANO of (or) WIFE of	22.   HEREBY CERTIFY That i ettended deceased from
1653	19 1, to 12 4 3 3 2
6. DATE OF BIRTH (month, day, and yeer)	Mast saw has alive on 1944 to 19 ; death is said
7. AGE Yeers Months Days If LESS than 1 day,hrs.	to have occurred on the date stated above, at
67 / 6 ormin.	were as follows: Oate of onset
8. Trede, profession, or particular kind of work done, as SPINNER,	Jan Carolina
SAWYER, BOOKKEEPER, etc.	Combasses hors
work was done, as SILK MILL, SAW MILL, BANK, etc.	7
11. Total time (years) this occupation (month and spent in this	
year) occupation	Other Contributary Causes of importence:
12. BIRTHPLACE (city or town)	At in perm
(State or country)	JULIETA Decentro
14. BIRTHPLACE (city or town)	
4. BIRTHPLACE (city or town)	Name of operation Date of
(State of country)	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Ella Transaction Statement 16. BIRTHPLACE (city or town)	23. If deeth was due to externel ceuses VIOL ENCE) fill in also the following:
5 16. BIRTHPLACE (city or town) Countrevice	Accident, suicide, or homicide? Date of injury
E (State or country)	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT Mrs Helew 13. 13 ordleg (Address)	Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place Coluttocette Oate New. 77, 1937	Nature of injury.
Baston Bras	24. Wes disease or injury in any way releted to occupation of decreased?
19. UNOERTAKER  (Address)  Quettevele Ma.	If so, specify
24.	(Signed) Naul Meuro M.D.
20. FILED Man - 2 6, 1937 Vr. H. Lord Registrar.	(Address) Charton lue

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	i	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
HUREAU V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

N. B.-WRITE PL.

03250

1. PLACE OF DEATH	197
county Juege Cenne	Registration Dist. No. 252
Village or City Centrone	ND. St., Ward
	osds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME Emoch Pewege Bei	Low If U. S. Veteran, specify WAR
(a) Residence: No. (Usual place of abode)	St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL GERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATHY
Male White OR DIVORCED (write the word)	/kg. 26 193 /
5e. If married, widowed, or divorced	(Month) (Day) (Year)
(or) WIFE of annie Boyer Benton	22. I HEREBY CERTIFY, That i ettended deceased from
6. DATE OF BIRTH (month, day, end year) aug 14-1859	i last saw h
7. AGE Yeers Months Days If LESS than	to have occurred on the date stated above, at
77 7 12 1 day,hrs	THE PARTY AL CAUSE OF DEATH and related causes of importance
1 2 Trade profession or particular	Date of onset
kind of work done, as SPINNER, Showere & +	
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.  1D. Date deceased last worked at this occuration (month end	Mulle 10 com
SAW MILL, BANK, etc.	- L - L
D. Date deceased last worked at this occupation (month end year)	1/1 000 1000
20 0 1 1 2 1	Other Contributery Causes of importance:
12. BIRTHPLACE (city or town) / W Church Stell	A the same of the
(State or country)	Mullio-Marin-
13. NAME C. Benton	
4 14. BIRTHPLACE (city or town)	Neme of operation
(State or country) Orat Kuse	What test confirmed diagnosis? Wes there en autopsy?
15. MAIDEN NAME Donat form	23. If death was due to external causes (VIOLENCE) fill In also the following:
16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of injury, 19
(State or country)	Where did injury occur?
17. INFORMANT James J. Benton	(Specify city or town, county and State) Specify whether injury occurred in iNDUSTRY, in HOME, or in PUBLIC PLACE.
(Address) Centrance, In	
18. BURIAL, CREMATION, OR BEMOVAL	Manner of Injury
Plece Cell Cerce Date / Nate 7, 192	Neture of injury
19. UNDERTAKER (Barton Bras	24. Wes disease of injury in any wey related to occupation of deceased?
(Address) Cuture Md	If so, specify
20. FILED Mar. 29, 1937 Mamie & Bright	(Signed) A 3, W A W A 2 M.D
20. FILED Par. 29, 1937 Mamue Despit	(Address)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	=3	Example II	
The principal cause of death and related caus of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis APR 3 1931.	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

STATE OF MARYLA	AND—C	CERTIFICAT	TE OF DEA	TH ()	3231
1. PLACE OF DEATH		100	9		
county Luceny Unne			Registration D	ist. No. 🔊	52
Village or City (entreville	/10/ 1	No.	or institution, give its NAME	St.,	Ward
Length of residence In city or town where death occurred			U.S. If of foreign birth?		
2. FULL NAME Tachel	J /5 K	If U. S. Vi	eteran, specify WAR		
(a) Residence: No.	/	St.,Ward.			
(Usual place of abode		MEDIC	AL CERTIFICATE	OF DEATH	State
PERSONAL AND STATISTICAL PARTICULA  3. SEX  4. COLOR/OR BACE  5. SINGLE, MARRIED, W		21. DATE OF DE		OF BEATH	
Male White Market	e the word)	ZII DATE OF DE	Mat	9-	, 193 7
5a. If merried, widowed, or divorced HUSBANO of	-			(50))	(,,,,
(or) WIFE of Richard Handy	10/1	22. Morch		That I attended	deceased from
DATE OF PIPTU (most double on the section of the se	927	i last saw h av elive	2-1	9- 193	: death is said
6. DATE OF BIRTH (month, day, and year) / 87 . 47 . 7. AGE Yeers   Months   Days   f	f LESS than		ate steted ebove, at	m.	, 4000011100000
7 - 11 \ \ 1 day	ny,hrs.	The PRINCIPAL CAUSE (	OF DEATH end releted ceuse:		Date of onset
8. Trade, profession, or particular kind of work done, es SPINNER, SAWYER, BOOKKEFPER, etc.		Lober	Mineron.	•	
kind of work done, es SPINNER, SAWYER, BOOKKEEPER, etc				• • • • • • • • • • • • • • • •	
10. Oate deceased last worked at this occupation (month end yeer) occupation	nis				
() -A · 1A · 7	m 1	Other Contributary Cause	of Importance:		
(Stete or country)	Mana				
13. NAME Gideon Lilson  14. BIRTHPLACE (city or town) Quelen. anne					
14. BIRTHPLACE (city or town) Quelen anne	- Co	Name of operation	***************************************	Dete of	
(State of country)		Whet test confirmed diegr	nosis?	Wes there an	autopsy?
15. MAIOEN NAME We not know  16. BIRTHPLACE (city or town)		23. If deeth wes due to ext	ernel causes (VIOL ENCE) fill	in also the followin	g:
16. BIRTHPLACE (city or town)		Accident, suicide, or homi	icide? Deo D	ete of injury	, 19
(State or country)		Where did injury occur?	(Specify city or t	own, county and Sta	ite)
17. INFORMANT (Idele Carlin day)	ighter	Specify whether Injury oc	(Specify city or t curred in INOUSTRY, in HOM	ME, or in PUBLIC PI	LACE.
18. BURIAL, CREMATION OR REMOVAL	11 37	Menner of injury	••••••		
Plece	1-,1937	Nature of injury			
19. UNDERTAKER Mes. anne W. Edd (Address) Contract of Ma	eux	24. Was diseese or Injury  If so, specify	in any wey releted to occupe	tion of deceased?	
20. FILED Mar. 11 1937 Marin S. Bri	ight. Registrar.	(Signed) (Address)	V. Jan	etile.	her M.D
If more blanks are needed, address					

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1 95 9 1937			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

STATE OF MARYLAND—	CERTIFICATE OF DEATH 03222
1. PLACE OF DEATH	(00)
County Colley Steere	Registration Dist. No. 250
Village or City Clay Abydeclis	No. St. Ward
(II	death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where deeth occurredmos.	ds. How long In U.S. if of foreign birth?yrsds.
2. FULL NAME Alle and I would	If U.S. Veteran specify WAR
(a) Residence: No. Ogralecel Co	St., Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEN 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (rupite the word)	21. DATE OF DEATH (Month) (Day) (Yeer)
5a. If married, widowed of divorced	(month) (bay) (fact)
HUSBAND of Cles en MACH	22. 1 HEREBY CERTIFY, That i attended deceesed from
Sout Keiges	193 f. to West 1907
6. DATE OF BIRTH (month, day, end year)	i last sew h 4 elive on
7. AGE Years Months Days If LESS than 1 dey,hrs.	to have occurred on the date stated above, atm,
ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Tryde, profession, or perticular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.  9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.  10. Date based last worked at this occupation (month and specific profession).	Jorde S/Melle Hill They !
9. Industry or business in which work was done, as SILK MILL,	
SAW MILL, BANK, etc.	
= { and decapation (months and applican this	
year) occupation	Other Centribatory Causes of importance:
12. BIRTHPLACE (city or town)	At A HO AAR DOO
(State or country) will be stated to the state of the sta	Jumal Person
13. NAME COOLS TOOMS  14. BIRTHPLACE (city or Johns)	0009
14. BIRTHPLACE (city or town)	Name of operation Date of
(State of Country)	What test confirmed diagnosis? Wes there en autopsy?
15. MAIDEN NAMES COLLINION OF THE STATE OF T	23.11 death was due to externel causes (VIOLENCE) fill In also the following:
15. MAIDEN NAME COMPANY OF THE STREET OF THE	Accident, suicide, or homicide? Date of injury, 19
Staty of Charles Coll 1 State College	Where did Injury occur?
17. INFORMANT Affair at Roll of all	(Specify city or town, county and State) Specify whether injury occurred in iNDUSTRY, in HOME, or in PUBLIC PLACE.
(Address) flesses on he	
18. BURIAL, CREMATION, OR REMOVAL  Data Mar. 1/1931	Manner of injury
Plate Date 1 (1.190)	Nature of Injury
19. UNDERTAKER N. p. 13. Majolings	24. Was disease or injury in any way related to occupation of deceased?
(Addiess) Greengerogo, Ma	if so, specify
20. FILED Mar. 9, 193/- Clarabeth Mich	(Signet) M. D.
/ Localistrar.	erson (Address) relicent, Arca fuel
If more Manks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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Example I	10	Example II	
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Chronic interstitial nephralis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
1			
Other contributory causes of importance:	- 444-1	Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

S. No. 1

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1		
PLACE	OF	DEATH
1		
2	ca	are Our
untv		

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No. 252

Village or City autreville (No	St.: Ward) (If death occurred in a hospital or institu- tion, give its NAME ir- stend of strest and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word)	16 DATE OF DEATH March 20, 1957 (Mouth) (Day) (Year)
8 DATE OF BIRTH  MAYCL '8 , 1899  (Month) (Day) (Year)  7 AGE  38 yrs. 0 mos. 12 ds. or min.?	that I last saw h w slive on March 192, 1927, and that death occured on the date stated above, at 9 m. The CAUSE OF DEATH * was as follows:
B OCCUPATION (a) I rade, profession or particular kind of work (b) General nature of industry business, or establishment in which employed or (employer)	Pulmonary Interculouss  (Duration) yrs mos de
10 NAME OF FATHER Williams  11 BIRTHPLACE OF FATHER  (State or country)  M. Williams  OF FATHER  (State or country)  M. W.	(Signed) (Durstion) yrs mos de (Signed)
12 MAIDEN NAME OF MOTHER  13 BIRTHPLACE OF MOTHER (State or country)  14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant)  Edua Billen (Serter)	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)  At place of death yrs mos ds State yrs mos de Where was disease contracted, if not at place of death?  Former or rousel residence.
(Address) Contreville had  (Address) Contreville had  15 Filed March 21 1937 Marrie S. Bright  Registyan	19 PLACE OF BURIAL OR REMOVAL  Balem  20 UNDERTAKER  Cimis V. Eddins Gentroille

If more banks are needed, addross State Hegistrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

23

# REVISED CERTIFICATE OF DEATH UNITED STATES STANDARD

(Approved by U. S. Census and American Public Health Association.)

er," etc., without more precise specification as may laborer, Farm laborer, Laborer—Coal mine, etc. Women at home, who are engaged in the duties of the Spinner, (b) Colton mill; (a) Salesman.
(a) Foreman, (b) Automobile factory. should be used only when needed. As examples : (a) nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is necescupation is very important, so that the relative health whatever, write None. business, that fact may be indicated thus; Farmer state occupation at beginning of illness. If retired or given up on account of the DISEASE CAUSING DE Housemuid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, work, or At Home, and children, not gainfully em-ployed, as At school, or At home. Care should be taken worked on may form part of the second statement. Never return 'Laborer," "Foreman," "Manager," "Dealadditional line is provided for the latter statement; it Civil engineer, the first line will be sufficient, e.g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The ques-Statement of Occupation-Precise statement of ocdefinite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a Physician, Compositor, Architect, report specifically the occupations of persons en-For many occupations a single word or term on yrs). For persons who have no occupation Stationary fireman, etc. factory. The material Locomolive engineer, But in many (6) Grovery,

spinal meningitis"); Diphtheria (avoid use of "Crounty ed term for the same disease. Examples: Cerebrospinot Lobar to time and causation), using always the same accept, EASE CAUSING DEATH (the primary affection with respect Statement of Cause of Death-Name, first, the DIS Typhoid fever (never report "Typhoid Pneumonia");
Lobar pneumonia, Bronchopneumonia ("Pneumonia,") (the only definite synonym is "Epidemic cerebro-

showered in detail, it will prevent further correspondence. A I the data is essential and must be obtained before the certificate is

Altho

permanently filed.

(Recommendations on statement of cause of death approved by Committee on "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage, stated unless important. Example: Measles (disease telimus) may be stated under the head of "contributory." "PUERPERAL septicacmia," "PUERPERAL peritonitis," "Uraemia," "Weakness," etc., when a definite disease "Inanition, use of "Tumor" for malignant neoplasms); inges, peritonaeum, etc., Carcinoma, Sorcomo,, or as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL, OF HOMICIDAL, taken. FOR VIOLENT DEATHS State MEANS OF INJURY State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all tions, such as "Asthenia," "Anaemia" (merely symptomcausing Whooping cough; unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) carbolic acid-probably suicide. The nature of the injury accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railwoy train (secondary or intercurrent) affection need not be .... (name origin; "Cancer" is less definite; avoid If this certificate is looked over thoroughly and all questions fracture of skull, "Atrophy." "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condideath), 29 ds.; Bronchopneumonia (secondary) interstitial nephritis, " "Marasmus," "Old Age," "Shock," Chronic and consequences (e. g., sepsis, etc. valvular heart Nomenclature The contributory Measles; disease; etc., of

STATE OF MARYLAND-	CERTIFICATE OF DEATH (13224
1. PLACE OF DEATH	(FT)
County (3).	Registration Dist. No. 253
Village or City V Sterensvelle les	No. St., Ward
	If death occurred in a hospital or institution, give its NAME instead of street and number)  sds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME of Sound Donaldon	m Fairland
(a) Residence: No. as allower	St, Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED ("write the (Nord)")	21. DATE OF DEATH (Month) (Dy) 193 (Year)
5a. If merried, widowed or divorced HUSBAND of	
(or) WIFE of Mose sawbauto	22. THEREBY GERTIFUX. That I attended deceased from
6. DATE OF BIRTH (month, day, end yeer) 8 st 14	I last saw h
7. AGE Yeers Months Days If LESS than	to have occurred on the dete stated above, at 4307 m.
5 21 1 day,hrs.	the reference of blows.
8. Trade, profession, or perticular kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, etc.  9. Industry or business in which work wes done, as SILK MILL, SAW MILL, BANK, atc.  10. Date deceased last worked et this occupation (month and specific properties).	William Detornales
9. Industry or business in which work wes done, as SILK MILL,	V
SAW MILL, BANK, atc	
10: Date deceased last worked et this occupation (month end year)	
12. BIRTHPLACE (city or town) Winning	Other Contributory Causes of Importanca:
(State or country)	
13. NAME Bavid Javuanco	
13. NAME David Javuauco  14. BIRTHPLACE (city or town)	Name of operation
(State of country)	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Olice Itulgius	23. If death was due to external causes (VIOL ENCE) fill in also the following:
16, BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of Injury, 19
(State or country)	Where did injury occur? (Specify city or town, county and State)
17. INFORMATION CADDINATE CONTROL OF THE CONTROL OF	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of Injury
Place stermoull Date brush / 8, 1987	Neture of injury
19. UNDERTAKER 26. O. Liga 'M.	24. Was disease or injury in eny way related to occupation of deceased?
(Address) pleventill mo	If so, specify
20 FILED Mar 8 - 1937 7. 6. Thomas	(Signed) M.D.
Pagal Registrar.	(Address)

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Ballimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street ear	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
The Real V			
Other contributory causes of importance:	//	Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

FOR BINDING

MARGIN RESERVED

## STATE OF MARYLAND-CERTIFICATE OF DEATH

1 1	1 13	63	6 3	Stor	
- 1	3	1	1	1	
()	()	hard.	Sur	0.1	,

1. PLACE OF DEATH				
county quelescange	11-9		Registration Dist. No	255
Village or City Sudleruille	Ma.	No		St., Ward
Length of residence in city or town where death occurred			stitution, give its NAME instead of st if of foreign birth?yrs	reet and number)
2. FULL NAME GLARGE M.	yrou	ill		
(a) Residence: No.	of abode)	St.,Ward.	If nonresident give city or t	own and State
PERSONAL AND STATISTICAL PART	ICULARS	MEDICAL	CERTIFICATE OF DE	ATH
Male Colored or DIVORCE	RRIED, WIDOWED, ED (write the word)	21. DATE OF DEATI	H Funch 30 (Month) (Day)	, 193 7 · · · · · · · · · · · · · · · · · ·
5a. If merried, widowed or divorced HUSBAND of Savah C. Grown	es	22. I HERE!	BY CERTIAY, That I	
6. DATE OF BIRTH (month, day, end year) Qel. 25,	1863	I last saw h A alive on.	march 28	193 7 ; daeth is said
7. AGE Years Months Deys	If LESS than		steted above, at 4 P.m.	
73   3   5	l day,hr	The PRINCIPAL CAUSE OF D were as follows:	EATH and raiated causes of importan	Date of onset
8. Trade, profassion, or perticular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc  Jindustry or businass in which work was done, as SILK MILL, SAW MILL, BANK, etc  10. Date deceased last worked at this occupation (month and	)	Change C	Treel 15	2
work was done, as SILK MILL, SAW MILL, BANK, etc.  10. Date deceased last workad at this occupation (month and	time (years) entin this		арган ()	
12. BIRTHPLACE (city or town)	upation	Other Contributory Causes of i	mportance:	
(State or country) MW Tylono	1	- Certeur Schus	Tic Cardin 84	aulo
13. NAME  14. BIRTHPLACE (city or town)  (State or country)  Maryl and	ust	Name of operation.	n	here an autopsy?
E 15. MAIDEN NAME COM BELL 19	ick		causes (VIOLENCE) fill in also the	
16. BIRTHPLACE (city or town)			? Date of injury	•
2 (State or country) MWyllin  17. INFORMANT Mary Whight	<u> </u>	Where did injury occur?	(Specify city or town, county of in INDUSTRY, in HOME, or in PU	and State) BLIC PLACE.
(Address) Suggerielle, Ma	ryland			
18. BURIAL, CREMATION, OR REMOVAL Place Ally MICROLAN, Date Offi	il 4, 193/	Manner of Injury		
19. UNDERTAKER W. S. B. C. C. C. C. (Addrass) Millard & C.	r.	24. Wes disaase or injury in the state of th	way related to occupation of daces	sed? ko
20. FILED Man 30, 1937 7.71	1. Stack	(Signed) Law	The Alace	M. D.

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To be complete, an occupation return must state:

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10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis 1027	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephrilis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Othor contributory course of inventory	- compress	Other and that are conserved in the content of	
Other contributory causes of importance:		Other contributory causes of importance:	THE STATE OF
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYS	YSICIA.	N
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## STATE OF MADVI AND CEDTIFICATE OF DEATH

X	ry item of infor- NS should state nt of OCCUPA-
	Y. PHYSICIAN Exact statemen
BINDING	PERMANEN' EXACTL ly classified.
FOR	stated proper certifica
MARGIN RESERVED FOR BINDING	N. B.—WRITE PLANALY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.
V. S. No. 1	z

STATE OF MARTLAND	CERTIFICATE OF DEATH
1. PLACE OF DEATH	(R) 1
County Allen leve	Registration Dist. No. 254
Village or City gravouries	No. St., Ward
2.0 (If	death occurred in a hospital or institution, give its NAME instead of street and number)  ds. How long in U.S. If of foreign birth?
2. FULL NAME audresa J. Hurley	If <del>U. S. Veteran, specify WAR</del>
(a) Residence: No. as knowe (	St. Ward.
(d) Residence. No. (Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word) OR DIVORCED (write the word)	21. DATE OF DEATHWELL 27 193 7 (Year)
5e. If married, widowed, or divorced HUSBAND of	
(ar) WIFE of Mrs Race Kirward Heules	TAN I HEREBY CERTIFY, They I attended decessed from
6 DATE OF RIPTH (month day and year) Sully 12 -1859	i last saw h. Lunalive on Macu / 76 1937: deeth is seid
6. DATE OF BIRTH (month, day, and yeer) 7. AGE Yeers Monta Devs I LESS then	to have occurred on the dete steted above, et South m.
77 8 /5   1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importence were as follows:
By Jrede, profession, or perticuler kind of work done, es SPINNER, station agent	
kind of work done, es SPINNER, station agent SAWYER, BODKKEEPER, etc.  9. Industry or business in which	Viene sugar
S. Industry of business in which work west done, as SILK MILL, Saulroad	
kind of work done, es SPINNER, station agent SAWYER, BODKKEEPER, etc.  9. Industry or business in which work wes done, as Silk Mill, SAW MILL, BANK, etc.  10. Dete deceased last worked at ?- 1936 this occupation (month and ?- 1936 year)	Purmony Course: Cerdaal hemarahage Que P.
9 / Occupation O	Other Campributery Causes of importance:
(Stete or country)	Hyposleusian
	Wilated hear.
13. NAME Sonak Tourse	Neme of operation Date of
(State or country)	Whet test confirmed diegnosis?
15. MAIDEN NAME So exact Kuace	23. If deeth wes due to externel causes (VIDLENCE) fill in also the following:
15. MAIDEN NAME Do exat Cuaire  16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of injury, 19
∑ (State or country)	Where did injury occur?
17. INFORMANT Ma audren & Hereley (Address)  (Address)	(Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.
18. BURIAL, CREMATION, DE RENDVAL	Menner of injury
Place / Ideterrale Dete March 19, 192/	Nature of injury
19. UNDERTAKER / Squitou / Bras	24. Wes disease or injury in any way related to occupation of deceased?
(Address) Cuttlevelle, ma	If so, specify
20. FILED Mar. 29-, 1937 - Nelen M. aldridg	(Signed) M.D.
Lacal Registrar.	(Address) Developer Dille ULC

If more blanks are needed, address State Register, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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11.—The number of years the deceased followed the occupation.

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Example I	li	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis REC	1915	Attack of epilepsy	1 week ago
Chronic interstitique nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhade APR 6 1937	July 5,1927	Peritonitis	3 days ago
OIL AND THE STATE VILLE			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

FOR BINDING

V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH 03227
1. PLACE OF DEATH	(82-20)
county Dugen annes	Registration Dist. Np. 254
Village or City Stasonville (If	No. St., Ward death occurred in a horpital or institution, give its NAME instead of street and number)
Length of residence in city or town where depth occupred 60 yrs	ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME John & Joyes	If U. S. Veteran, specify WAR
(a) Residence: ND (Vaulplace of abode)	St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR/DiVORCED (words the word)	21. DATE OF DEATH MEL 19 193 7
5e. If married, widowed, or divorced	(Month) (Oay) (Year)
HUSBANO of (or) WIFE of	22. HEREBY CERTIFY, That I ettended decessed from
Max 8-1847	lest saw h alive on , 19 ; deeth is said
6. DATE OF BIRTH (month, day, end year) // ( ) /	to have occurred on the date steted above, etm.
60 0 // lday,hrs.	The PRINCIPAL CAUSE OF DEATH and releted ceuses of importance were es follows:
8. Trade, profession, or perticular kind of work done, es SPINNER, Maternal	apopleus
A Industry or business in which	/
work wes done, es SILK MILL, SAW MILL, BANK, etc.	V
10. Date decessed lest worked et this occupation (month and Mulia) 11. Total time (years) spent in this 30 Y year)	
12 DIRTHOLOGICALINA QUELLA CUME Co	Other Contributory Cines of importance:
12. BIRTHPLACE (city or town)  (Stete or country)	
13. NAME William Jg. Jones	
14. BIRTHPLACE (city or town) Quelen ange Co	Neme of operation Dete of
(State of County)	What test confirmed diagnosis? Wes there an autopsy? 72
# 15. MAIDEN NAME Mollie Laul	23. If deeth was due to externel causes (VIDL ENCE) fill in also the following:
15. MAIOEN NAME Mollie Laul  16. BIRTHPLACE (city or town) Queenstowny  (State or column) The Laul	Accident, suicide, or homicide? Dete of injury, 19
(State or country) The Mill	Where did injury occur?
17. INFORMANT Thomas Joues (Address) Standard Joues	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HDME, or In PUBLIC PLACE.
18. BURIAL, CREMANION OR REMOVAL	Manner of Injury
Place Alevenspellate Md 1937	Neture of Injury
7117	24. Wes disease or injury in any wey releted to occupation of deseesed?
19. UNDERTAKER OF MELLENDICALE MA	If so, specify
20. FILEO MAN 20, 197 Telen M. Warly Registrary	(Signed) Address) Stevens Mills (Address)
	2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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	Example II	
Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
	Attack of epilepsy	1 week ago
1.	Run over by street car	1 week ago
July	Peritonitis	3 days ago
p.2	Other contributory causes of importance:	
May 1,1923	Gastroenteritis	1 year
	1 July	of importance were as follows:  Attack of epilepsy  Run over by street car  July  Peritonitis  Other contributory causes of importance:

STATE OF MARYLAND-	-CERTIFICATE OF DEATH 03228
1. PLACE OF DEATH	95-8
County Luceu Unne	Registration Dist. No. 252
Village or City ( entreville	NoSt.,Ward
	If death occurred in a hospital or institution, give its NAME instead of street and number)  3. How iong In U.S. If of foreign birth?rs
2. FULL NAME John Henry Clinton h	egg If U. S. Veteran, specify WAR
(a) Residence: No. (Usual place of abode)	St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIOOWED,	21. DATE OF DEATH
Male White Married	(Month) (Oey) (Yaer)
e. If married, widowed, or divorced HUSBANO of	22. I HEREBY CERTIFY, Thet I attended deceased from
(or) WIFE of Carlotta Cleason	- March 1939, 10 March 10. 1939
DATE OF BIRTH (month, dey, end yeer) 2-1868	I last saw h use eliva on Mr cla 18 , 19 37; deeth is sai
AGE Yeers   Months   Oays   If LESS then	to heve occurred on the date stated above, at (2 4/2 m.
68 5-0 8 1 dey,hrs	THE PRINCIPAL CAUSE OF VEATER BIRD TRIBLES OF HISPOTTERICE
8. Trede, profession, or perticular	Date of onsel
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc	Acute Cardiae delatation
9×Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.	
SAW MILL, BANK, etc	
this occupation (month and 1-1937 spent in this 24 9	
11 + 4 1 1	Other Contributory Causes of Importence:
BIRTHPLACE (city or town) / Constant of the country)	Dedema of lengs.
1 5/20 21	
IN IN OUT A	
14. BIRTHPLACE (city or town) Marchanel (Stete or country) Marchanel	Nama of oparation
	What test confirmed diagnosis?
That seems to the	23. If deeth was due to external causes (VIOL ENCE) fill in also the following:
(Stete or country)  (Stete or country)	Accident, suicide, or homicide? Dete of injury, 19
ED:	Whare did injury occur? (Specify city or town, county and State)
7. INFORMANT QUARTE A LIGA	Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE.
(Address) Centreville, J. T. M. B. BURIAL, CREMATION, OR REMOVAL	the area of the law.
Place Middletown, Wel Date Mar. 12-, 1937	Manner of injury
70. 0 . 7/18/1	Natura of Injury
9. UNDERTAKER Mes. Unice W. addens	24. Was disease or injury in any wey releted to occupetion of deceased?
(Address) (entreville, Ma	11 so, specify W. There Faster "
20. FILEO/Nac // 1937 //amis S. Gright.	(Signad) M.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:  Arteriosclerosis	Date of onset	The principal cause of death and related causes of importance were as follows:  Attack of epilepsy	Date of onset  1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage   APR 3 1931	July 5,1927	Peritonitis	3 days ago
BURNAU V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

1. PLACE OF DEATH	Bh-Ol
county decem Come	Registration Dist. No. 254
Village or City Clerwichael	NoSt.,Ward
(If	death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence In city or town where death occurredmos.	ds. How long In U. S. if of foreign birth?mosds.
2. FULL NAME / MARY UMBULA IKAN	Will J. S. Veteran, specify WAR
(a) Residence: No	St., Ward.  If nonresident give city or town and State
V (Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH /
OR DIVORCED (write the word)	March 2/ 193/
5a. If married, widowed, or divorced	(Month) (Day) (Yeer)
HUSBAND of (or) WIFE of	22.   HEREBY CERTIFY That I ettended decessed from
John J. Manuelle	/ March 20193/, 10/ March 21, 1937
6. DATE OF BIRTH (month, dey, and yeer) Sept 4-1850	I last sew hare elive on Med 20, 1937; deeth is seld
7. AGE Years Months Deys if LESS than 1 day,	to heve occurred on the dete stated above, atm.
86 6 17 ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trede, profession, or perticular kind of work done, as SPINNER, The SAWYER, BOOKKEPER, etc.	Jef prasque
SAWYER, BOOKKEEPER, etc.	Coffe la frem
kind of work done, es SPINNER, SAWYER, BOOKKEEPER, etc.  9. Industry or business in which work wes done, es SILK MILL, SAW MILL, BANK, etc.	- Laury by
	Comary Course of injury : Accountal fall.
O 10. Dete deceased last worked et this occupation (month and yeer) spent in this occupation occupation	) entitle
12. BIRTHPLACE (city or town)	Other Contributory Cancer of Importence:
(Stete or country) md	Many foll aug
13. NAME John Cator	13/6
13. NAME John Cator  14. BIRTHPLACE (city or town)	Neme of operation Date of
(State or country)	Whet test confirmed diegnosis? Wes there en autopsy?
IS. MAIDEN NAME Miss Haucosh	23. if deeth wes due to externel ceuses (VIOLENCE) fill in also the following:
15. MAIDEN NAME  16. BIRTHPLACE (city or town)  (Stella or country)	Accident, suicide, or homicide? Clearificate. Dete of Injury, 19
(State or country) 20 Wat Russe	Where did Injury occur? Cormseroel, Queen and County a red.
17. INFORMANT Mr. J. Co. Mauerece	(Specify city or town, county and State) Specify whether Injury occurred In INDUSTRY, in HOME, or In PUBLIC PLACE.
(Address) December, Sul	in her hame.
18. BURIAL, CREMATION, OR REMOVAL	Menner of Injury accidental fallo.
Piece Could Dete. Dete. 12192	Neture of injury
19. UNDERTAKER / Sarting / Sra	24. Wes disease or injury in any way releted to occupetion of deceased?
(Address) Centragents 22	If so, specify
20. FILED Mar 22,1937. Kelen M. aldila	(Signed) Muse M. D.
JocalRegistrar	(Address)
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deccased followed the occupation.

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Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis AFR 1334	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:	May 1,1923	Other contributory causes of importance:  Gastroenteritis	1 year
Gausiones	111 ay 1,1920	ousingenier aus	1 year

See instructions on back of certificate.

TION is very important.

B.—WRITE PLAI

## STATE OF MARYLAND-CERTIFICATE OF DEATH

1. PLACE OF DEATH	<b>3</b> )
County Q a Co	Registration Dist. No. 250
Village or City Tu Ludlerell,	No. St., Ward
	death occurred in a hospital or institution, give its NAME instead of street and number)  ds. How long in U.S. if of foreign birth?
21-1	10.10.00.00.00.00.00.00.00.00.00.00.00.0
2. FULL NAME / buy Mount	0
(a) Residence: No. (Usual place of abode)	St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word)	21. DATE OF DEATH 16 193 7 (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBANO of (or) WIFE of	22. HEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, day, and year) \ Tuck 16, 39	I last saw h alive on 19 19 19 19 19 19 19 19 19 19 19 19 19
7. AGE Years Months Days If LESS than 1 day, hrs.	to have occurred on the date stated above. The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	
No State, profession, or particular to the kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.  9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.  10. Date deceased last worked at this occupation (month and this prograph or particular the program of the	
10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation	
12. BIRTHPLACE (city or town) Un Lud Lycely, (State or country)	Other Contributory Causes of importances
13. NAME Perul Ways	
13. NAME Soul Maul 14. BIRTHPLACE (city or town) 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9	Name of operation Oate of Was there an autopsy?
# 15. MAIDEN NAME Blanch a Plane	23. If death was due to external causes (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town).	Accident, suicide, or homicide?
De 1 July	Where did Injury occur?(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
17. INFORMANT CAULT THE GIVE THE CALL T	Specify whether injury occurred in the service, in the init, of the service,
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place Sussile 1937	Naturo of injury.
19. UNDERTAKER HORNOGE THISON (Address)	24. Was disease or injury In any way related to occupation of deceased?
20. FILED Par- 17, 137 Elizabeth Nickers	(Signed) A A A A Gello M.D.  (Address) A A A A A A A A A A A A A A A A A A
	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State

the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example F		Example II	The state of the s
of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis APE 6	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
Other contributory causes of importance:			
Gallstones	May 1,1923	Other contributory causes of importance:  Gastroenteritis	1 year

## STATE OF MARYLAND-CERTIFICATE OF DEATH

12	03	6)	")	1
U	0	6	0	1

1. PLACE OF DEATH	92.00
County Jucen Course	Registration Dist. No. 252
Village or City Centrevelle	NoSt.,Ward
Length of residence in city or town where death occurred 25	(If death occurred in a hospital or institution, give its NAME instead of street and number)  rsds. How long in U.S. If of foreign birth?yrsds.  ds. How long in U.S. If of foreign birth?yrsds.
2. FULL NAME William Harden	
(a) Residence: No. as whose	
(Usual place of abo	St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULAR	LARS MEDICAL CERTIFICATE OF DEATH
Male 4. COLOR OR RACE OR DIVORCED (W)	rice the word)
5a. H. married, widowed, et. divorced HUSBANO of Bertha Rebbeca Post	1 HEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, day, and year) July 12	1874 I last saw hand alive on Mrule 19. 19. 37; death is said
	If LESS than to have occurred on the date stated above, atm.
6 1 8 or	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:  Oats of onest
8 Trada, profassion, or particular kind of work dona, as SPINNER, Carfeelle SAWYER, BOOKKEEPER, atc.	- Perobral Hemarrhane.
9 Andustry or business in which	
work was done, as SILK MILL, SAW MILL, BANK, etc.	
O 10. Date deceased last worked at this occupation (month and year)	this Co
	Other Coatributory Causes of Importance:  Mitral requerestation
12. BIRTHPLACE (city or town)  (State or country)	marie Egiorge
13. NAME Welliam Burl Wia	L.
13. NAME Ab cellain Buch Mes  14. BIRTHPLACE (city or town)	Name of operation Oate of Oate of
(State or country)	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME & by shelp Krahand	23. If death was due to external causes (VIOLENCE) fill in also the following:
15. MAIOEN NAME Clycheth Cachard  16. BIRTHPLACE (city or town)  (State or country)	Accident, suicide, or homicide? Date of Injury, 19
(State or country)	Where did Injury occur?(Specify city or town, county and State)
17. INFORMANT Cuth Rethrea Ne (Address) Centreville M	Specify whether injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL  Place Cultiville Oate Ward.	24_,19-37_ Manner of Injury
19. UNDERTAKER Baiton Bur	24. Was disease or injury In any way related to occupation of deceased?
(Addrass) Currell M	If so, specify
20. FILEO March 21, 1937 Mamis S. 1	Bright, (Signed) a few Justier M. I
loca	Registrar. (Address)

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the decased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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Example I	i i	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
1 1 1 3 1 3 1 3 1 3 1 3 1 3 1 3 1 3 1 3			
Other contributory causes of importance:		Other contributory causes of importance:	1 - L,
Gallstones	May 1,1923	Gastroenteritis	1 year
			E E II SHI

ADDITIONAL S	SPACE FOR	FURTHER	STATEMENTS	$\mathbf{BY}$	PHYSICIAN

certificate.

See instructions on back of

TION is very important.

B.—WRITE

V. S. No. 1

of OCCUPA-

## STATE OF MARYLAND-CERTIFICATE OF DEATH

03232

1. PLACE OF DEATH	(3)
County Burn arm	Registration Dist. No. 255
Village of ty kem   hulling of	NoSt Ward
Length of residence in city or town where death occurred. All Oyre life mo	If death occurred in a hospital or institution, give its NAME instead of street and number)
1 Day	osds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME Jumes Polls	If U. S. Veteran, specify WAR
(a) Residence: No June Circus Co- Mag (Usual place of abode)	St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE Color of RACE OR DIVORCED (write the word)	21. DATE OF DEATH  (Month)  (Day)  (Year)
5a. If merried, widowed, or divorced HUSBAND of	20 LUEDERY CERTIES THE LINE AND ADDRESS OF THE LINE ADDRESS OF THE LINE ADDRESS OF THE LINE AND ADDRESS OF THE LINE AND ADDRES
(or) WIFE of Martha Math	22. I HEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, day, end year) Jan. 20 - 785 2	I fast saw him elive on wash 25 ,1922; deeth is said
7. AGE Years Months Deys If LESS than	to heve occurred on the date steted above, et 10.5° 2 m.
2 2 J 1 day,hrs	The PRINCIPAL CAUSE OF DEATH and related causes of importance
8 Trade profession or particular	Date of onset
kind of work done, es SPINNER, SAWYER, BOOKKEEPER, etc	Che Intustited Nephriles 1921
9, Industry or business in which work wes done, es SILK MILL,	
kind of work done, es SPINNER, SAWYER, BOOKKEEPER, etc  9, Industry or business in which work wes done, es SILK MILL, SAW MILL, BANK, etc  10. Date deceased last worked et  11. Total time (yeers)	Control Humbage 3/28/37
this occupation (month end spent in this year)	
100000000000000000000000000000000000000	Other Contributory Canses of importence:
12. BIRTHPLACE (city or town) (State or country)	
13. NAME WM. Polto	
14. BIRTHPLACE (city or town)	Name of operation Dete of
(State or country)	What test confirmed diegnosis? Was there an eutopsy?
15. MAIDEN NAME Sarah Duskery	23. If death was due to external causes (VIOL ENCE) fill In elso the following:
16. BIRTHPLACE (city or town).	Accident, suicide, or homicide? Date of injury19
∑ (Stete or country)	Where did injury occur?
17. INFORMANT Abe Polls (Address) Willington Lea	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of Injury
Plece Likey Heath Date 4/10	Neture of injury
19. UNDERTAKER OF BURNEY DO	24. Was disease or injury In any way related to occupetion of deceased?
(Address) hilford III.e.	If so, specify
20. FILED april C 1937 Fr molecul	(Signed) Munth Juce M. D.
Registrar	(Address) breeklestin his

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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Exa	ample I	The state of the s	Example II	
The principal cause of deat of importance were as follow	n and related causes	Date of onset	The principal cause of death and related causes of importance were as follows:	
Arterioselerosis		1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	API 3 190	1921	Run over by street car	1 week ago
Cerebral hemorrhage		July 5, 1927	Peritonitis	3 days ago
	BUREAU V.			
Other contributory causes of	f importance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year
	-			

OCCUPA

should

If more blanks are needed, address Late Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

(Address)

Registrar.

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Example I	18	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
II SURFACE	ا		
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

mation should be carefully supplied.

03234

1	I. PLACE OF DEATH	2.54
9	County Seelen and	Registration Dist. No. 29 T
	Village or City Was Village Of City Charles	NoSt.,Ward death occurred in a hospital or institution, give its NAME instead of street and number)
	Length of residence in city of town where deeth occurredyrsmos.	How long in U. S. If of foreign birth?yrsmosds.
	2. FULL NAME Milmina Mylley	If U. S. Veteran, specify WAR
	(a) Residence: No. all have be as al	O StE/ Ward.
	(Usual place of abode)	If nonresident give city or town and State
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3	SEX 4. COLOR OR RACE OR DIVORGED (write the word)	21. DATE OF DEATH Moscl 27, 193.7 (Month) (Day) (Year)
/5a	. If married, widowed, or divorced HUSBAND of (or) WIFE of David Juilty	22. HEREBY CERTIEY That attended deceased from 1937, to 1937, 193
o 6.	DATE OF BIRTH (month, day, and year) aug 10th - 1872	I last saw h 2 alive on Old 49, 19a; death is said
7.	AGE Years Months Days If LESS than 1 day,	to have occurred on the date stated ebove, at
certificate	64 7 N 17 ormin.	The PRINCIPAL CAUSE OF DEATH end related causes of importence were as follows:
or ce	8. Trade, profession, or particular kind of work done, as SPINNER to SAWYER, BODKKEEPER, etc.	apoplerky
PA Ck	9. Industry or business in which	
e o		
instructions	Grannia On	Dther Contributory Causes of importence:
12	2. BIRTHPLACE (city or town)  (State or country)	Hubortey own
nstr ER	1	1 1 1
		Neme of operation
FAT	(Stete or country)	What test confirmed diagnosis? Was there an autopsy?
int. HER	15. MAIDEN NAME Ellew 1000 POE	23. If deeth was due to external ceuses (VIOL ENCE) fill in also the following:
MOTH	16. BIRTHPLACE (city or town) Queen Cure Co	Accident, suicide, or homicide? Date of injury, 19
important.	(State or country)	Where did injury occur?(Specify city or town, county and State)
	7. INFORMANT Elizabeth Genning	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
very	8. BURIAL, CRIMITION, DR REMOVAL	Manner of injury
18	Place Frasowylle Dete Mar. 29, 1937	- Nature of injury
TION	The Theread	24. Was disease or infury many wey related to occupation of decressed? 10.
	9. UNDERTAKER (Address) Showing of Oc. Miles	If so, specify
	mar. 29.37- Gelen M. aldrile	(Signed) The Only M.D.
2	0. FILED	(Address) Aleventorile

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage RECEI	July 5, 1927	Peritonitis	3 days ago
APR 6 1937			
Other contributory causes of importance . 5.		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

6.1	0)	6)	17	-
U	3	1	3	

1. PLACE OF DEATH	(2)	,
County Juean anne	Registration Dist. No. 22.	3
Village or City Near Millington (IF	NoSt.,St.	Ward (mber)
Length of residence in city or town where death occurredyrsmos.	ds. How long in U.S. If of foreign birth?yrsmos.	ds.
2. FULL NAME Isaac Summerville	It U.S. Veteran specify WAR Warla's War	be
(a) Residence: No. Outside Mullington (Usual place for a bode)	St., Ward.  If nonresident give city or town and St	tate
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word) That Color OR DIVORCED (write the word)	21. DATE OF DEATH Mark 26-	193. <b>\</b> (Yaar)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Gertuge Summersvelle	22. HEREBY CERTIFY, Thet I attended de March 10 ,1927 to March 20	eceesed from
6. DATE OF BIRTII (month, day, and year) May 1 - 1887	1 last saw h alive on Mence 20, 193);	death is said
7. AGE Years Months Days I LESS than 1 day,hrs.	to have occurred on the date stetad above, et	
39 /0 /9 ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were actellows:	Date of onset
8. Trade, profession, or particular kind of work done, as SPINNER, Jany Lond		1935 \$
kind of work done, as SPINNER, Jahy hand SAWYER, BOOKKEPPER, etc.  9. Industry or business in which work wes done, es SILK MILL, SAW MILL, BANK, etc.  10. Date daceased lest worked at this occupation (month end		
10. Date daceased lest worked at this occupetion (month end Wan 1-37 spent in this yeer)		
12. BIRTHPLACE (city or town)	Other Contributory Causes of Importance	3/10/37
(State or country)		11
13. NAME J-homes Summersvelle		
14. BIRTHPLACE (city or town)	Nama of operation Dete of	
(State or country)	What test confirmed diagnosis? Was there an aut	topsy?_lse
15. MAIDEN NAME Kelvela Briscae	23. If daath was due to extarnal causes (VIOL ENCE) fill in also the following:	
15. MAIDEN NAME Kelvela Briscoe  16. BIRTHPLACE (city or town)  (State or country)	Accidant, suicide, or homicide? Date of injury	, 19
(State or country)	Where did injury occur?(Specify city or town, county and State)	
17. INFORMANT Auturele Summervelle (Address) Willington my R. R. I.	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLAC	E.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury	
Place Edewille Mid Date Mar 22 , 1937	Nature of Injury	
19. UNDERTAKER W. H. Good (Addiess) & Dural Goods	24. Wes disease or injury In any way related to occupation of dacaasad?	in
20. FILED MAR 20, 1937 7.74. Stack	(Signed) Muset Duce  (Address) Multiplication	M. D.
Registrar.	H (MUII 622)	

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Example I		Example II	
The principal cause of death and related caus of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	S. 1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cercbral hemorrhage	July 5, 1927	Peritonitis	3 days ago
			10
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
Contract of the contract of th			

STATE OF	MARYLAND-	CERTIFICATE (	OF DEA	TH (	13236
1. PLACE OF DEATH		92-01		^	
County there Un	me (n		Registration	Dist. No. 2 &	2
Village or City (h) Unline	eia. ma / f	Ao lo. Ulm	a Nov	ma/st.	Ward
Length of residence of the town where deeth or		death occurred in a hospital or instituti			
N Q.I	ALL KAMON		totoign antii:	yrs	mos
2. FULL NAME		0, 1, 1			
(a) Residence: No.	Usual place of abode)	St., Ward.	If nonresident	give city or town as	nd State
PERSONAL AND STATISTICAL	PARTICULARS	MEDICAL CE	and the second second		
	NGLE, MARRIED, WIDOWED, DIVORCED (write the word)	21. DATE OF DEATH	(Month)	18	, 193
5a. If married, widowed, or divorced HUSBAND of			(MOHEII)	(Day)	(Year)
(or) WIFE of		2 HEREBY	CERTIF	That I ettende	d deceased from
6. DATE OF BIRTH (month, day, and year)	^	Lest saw h. A alive on	1927, 10	1) 10 3	7: death is said
7. AGE Years Months	Days   If LESS than	to have occurred on the dete stated	above at 2	9 m.	, weath is said
about 50	1 day,hrs.	The PRINCIPAL CAUSE OF DEATH were as follows:			
8. Trada, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	epinier !	Chrowin Vo	~دمورو	dri	Date of onset
Kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Industry or business in which work wes done, as SILK MILL, SAW MILL, BANK, etc.  Do Date deceased last worked et this occupation (month and 1433		ue chu h	You		
SAW MILL, BANK, etc.					
Date deceased last worked et this occupation (month and 1433)	11. Total time (years) spent in this occupation				
X.	ocsupation	Other Contributory Causes of impor	rtance:		
12. BIRTHPLACE (city or town) (State or country)	reman	arline	Mun		
E 13. NAME Danis Ka	Tanas				
13. NAME  14. BIRTHPLACE (city or town)		Name of operation		Data of	
(Stele of Country)		What test confirmed diagnosis?		Was there an	autopsy?
15. MAIDEN NAME  16. BIRTHPLACE (city or town)	man	23. If death was due to external caus	ses (VIOLENCE) fil	l in elso the following	ng:
[ 16. BIRTHPLACE (city or town)		Accident, suicide, or homicide?		Date of injury	, 19
(State or country)		Where did injury occur?	(Specify city or	town, county and St	ate)
17. INFORMANT DE DE DELL'ALE		Specify whother injury occurred in	INDUSTRY, in HO	ME, or In PUBLIC P	LACE.
(Address) 18. NURIAL, CREMATION, OR REMOVAL		Manage of Injury			
Lete Co. do one Dete	3 13 1937	Manner of injury			
19. UNDERTAKER Win B. Wu	perm	24. Was disease or injury in eny wa	y related to occupa	ation of deceased?	مير
(Address)	· 0 D . 01	If se, specify	their	-0	
20. FILED/ Mar. 13 , 19.37 // am	Local Registrar.	(Signed) (Address)	ببيتك	e - W	₩.D.
If more blanks a	re needed, address State Registrar,	2411 N. Charles Street, Baltimore, Req	westing V. S. No.	I.	

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Example I	I de la companya de l	Example II		
The principal cause of death and related causes of importance were as follows:		The principal cause of death and related causes of importance were as follows:	es Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
BUREAU V. S.				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	
			}	

1. PLACE OF DEATH	46-0
County County	Registration Dist. No. 252
	NoSt,Walf death occurred in a hospital or institution, give its NAME instead of street and number)  sds. How long in U.S. if of foreign birth?yrsmosd
2. FULL NAME Sures & Walter	If U. S. Veteran, specify WAR
(a) Residence: No. Colutturies, ma (Usual place of abode)	St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
SEX  4. COLOR OR RACE OR DIVORCED (write the word)  There Or Divorced (write the word)	21. DATE OF DEATH 3 193 (Year)
HUSBAND of Mary Lawise Waters	22. I HEREBY CERTIFY They attended deceased from the state of the stat
July 12 -1889	1 lest saw h   1   2   1   3   1   3   1   1   1   1   1   1
DATE OF BIRTH (month, day, shd yeer)  AGE Yeers   Months   Deys   If LESS then	to have occurred on the dete steted above, et
47 8 1 1 dey,hrs.	
R. Trade, profession, or perticuler kind of work done, as SPINNER, Jakarer SAWYER, BOOKKEEPER, etc.	Del generale orano
kind of work done, as SPINNER, SAWYER, BOOKKEFPER, etc.  9. Undustry or business in which work was done, es SILK MILL, SAW MILL, BANK, etc.  10. Date decessed lest worked et this occupient month and spent in this	of his somath day
10. Date decesed lest worked et this occupetion (month and spent in this occupation	9
2. BIRTHPLACE (city or town) Duren Come les	Other Catributery Causes of importance:
(Stete or country)	- www. of the
13. NAME DONAL Russe	Ana to a tollow of
14. BIRTHPLACE (city or town)	Name of operation I College Dete of
A	What test confirmed diegnosis: Was there en autopsy?
15. MAIDEN NAME  16. BIRTHPLACE (city or town)  (State or country)	Accident, suicide, or homicide? Dete of injury
7. INFORMANT la Cintre Costers	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.
(Address)  8. BURIAL, CREMATION, OR REMOVAL  Piece Locutterisce Dete War 5 19 3 7	Menner of injury Coul
19. UNDERTAKER Barton Bra. (Address) Court home 02. Ml.	24. Was disease or injury in any way releted to occupation of deceased? 250
20. FILED Mar. 15, 1937 Manie & Bright.	(Signed) CON WEDT DE PREEDON

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Example I	1	Example II	
The principal cause of death and related causes of importance were as follows: 3 1937	Date of onset	The principal cause of death and related causes of importance were as follows:	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis 1 12 AU V. S.	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
		944	

CD A CD DOD DVIDBUIED CE A SERVENISC

ADDITIONAL	SPACE FOR P	UKINER S	TATEMENTS	DI THISICI.	AII	

RD. Every item of infor-Exact statement of OCCUPA-PHYSICIANS H UNFADING INK-THIS IS A PERMANENT RE mation should be carefully supplied. AGE should be stated EXACTLY. CAUSE OF DEATH in plain terms, so that it may be properly classified. MARGIN RESERVED FOR BINDING TION is very important. See instructions on back of certificate. N. B.-WRITE PE

V. S. No. 1

should state

STATE OF MARYLAND	CERTIFICATE OF DEATH 03238
1. PLACE OF DEATH	(101)
county Lucin Un	ne Registration Dist. No. 254
Village or City Jucenstown	1. + / >
, / (1	f death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurredyrsmo	s. 2.3 ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME White	
-1/-	St., Ward,
(a) Residence: No. Jule (Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEN 4. COLOR OR BACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH
Penale solute OR DIVORCED (write the word)	/ //aien /9 ,193 7
5a. If married, widowed, or divorced	(Month) (Day) (Year)
HUSBAND of (or) WIFE of	22 / HEREBY CERTIFY, That I ettended deceased from
(0) 1112 01	10 1937, to Man 19, 1997
5. DATE OF BIRTH (month, day, and year) Cotober 2.6-193	I last saw har alive on pel 75 , 1937; death is said
7. AGE. Years Month Days If LESS than	to have occurred on the date stated above, at 12.30 m.
/ 2_3   1 day, hrs.	The PRINCIPAL CAUSE OF DEATH end related causes of importance
9 Trade profession or particular	were as tollows. Data of onse
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	- Land Contraction of the Contra
9. Industry or business in which	
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc	
skind of work done, as SPINNER, SAWYER, BOOKKEPER, etc.  9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.  10. Date deceased last worked at this occupation (month and spent in this	
year) occupation	
12. BIRTHPLACE (city or town M. Lucempto)	Other Contributory Causes of importance:
(State or country) Mary Laur	
13. NAME IAM Bureau	
TV VCA	
(State or country)	Name of operation Date of
	What test confirmed diagnosis? Was there an autopsy? //
15. MAIDEN NAME Sizzel Silvo in	23. If death was due to external causes (VIOLENCE) fill in also the following:
15. MAIDEN NAME 1331 CULTUS (State of country)	Accident, suicide, or homicide?, 19, 19, 19
(State or country) Mary Laut	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT Jayel Wulty	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
(Address) Lucienstown	4
18. BURIAL, CREMATION, OR REMOVAL DOTAL MARCHET MARCHE	Manner of injury
Place at home Ascandone / Car. 20,1037	Nature of injury
19. UNDERTAKER Lone	24. Was disease or injury in any way related to occupation of deceased?
(Address)	If so, specify
May 19 27 - Nole Mi Clodis	(Signed) January Duel M.
20. FILED Car. / 7, 193 f Velen M. Medita.	(Address) Oulder Same
If more blanks are moded address State Projection	N Charles Court Bullian Branch 37 C N

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Example II	
The principal cause of death and related causes of importance were as follows:  Date of onset of importance were as follows:	of onset
Arteriosclerosis 1915 Attack of epilepsy 12	vcek ago
Chronic interstitial nephritis 1921 Run over by street car	veek ago
Cerebral hemorrhage July 5,1927 Peritonitis 3 e	lays ago
AFR 6	
Other contributory causes of importance:	
Gallstones May 1,1923 Gastroenteritis	year
	. :

Saw This Chief well in my offeet.	
Jami lusting Jessin Ibalie Vituals	-
1 Appe	_

STATE OF MARYLAND—	CERTIFICATE OF DEATH (13239)
1. PLACE OF DEATH	92-01
County County Alle	Registration Dist. No. 230
Village or City Ild Volgetelle	No. St., Ward death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurred	death occurred in a hospital of manually give its IVAIVIE instead of street and number)  ds. How long in U.S. if of foreign birth?
2. FULL NAME Valle Algorial V.	WHI Weteran specify WAR.
(a) Residence: No. Ap aby	ast / Ward.
PERSONAL AND STATISTICAL PARTICULARS	If nonresident give city or town and State  MEDICAL CERTIFICATE OF DEATH
3. SER 4. COLOR OR RACE 5. SINGLE MARRIED, WIDOWED, OR PLYOR CED Carrie; the word?	21. DATE OF DEATH MASS. 10
XXIIII Carpin Indices	(Month) (Day) (Year)
5e. If married, widowed or divorced HUSBAND of (or) WIFE of	22. AN HEREBY CERTIFY That I attended deceased trem
four fills	100,190 100 100 100,190 /
6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Days If LESS than	I lest saw h. C. Mine on C.
5 5 2/1 2 5 1 dayhrs.	to heve occurred on the date dated above, at
8. Trade, profession, or particular	were as follows: Date of onset
8. Trade, profession, or particular kind of work done, as SPINNER College SAWYER, BOOKKEEPER, etc.	Lemen Agas Kenic
kind of work done, as SPINNED SAWYER, BOOKKEEPER, etc.  SIndustry or business in which work wes done, as SILK MILL, SAW MILL, BANK, etc.  10. Date decessed last worked at this coveraging (month and this sevent in the sevent	
10. Date decessed last worked at this occupation (month and spent in this 37%	
year) occupation occupation	Other Cyatribatory Causes of importance
12. BIRTHPLACE (city or town) (State or counter)	Mulled North
The state of the s	1920
14. BIRTHPLACE (city or thwn)	Name of operation Dete of Dete
(State or country)	What test confirmed diagnosis? Was there an autopsyl
15. MAIDEN NAME / Cate / a Mett	23. If deeth wes due to external causes (VIOLENCE) fill in also the following:
15. MAIDEN NAME CATE SOME	Accident, suicide, or homicide? Date of injury, 19
(Stete or country)	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT OF SALES OF THE SALES	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Menner of Injury LBCL
Place Robbine Md. Date March 13, 1937	Nature of injury RBIIL
19. UNDERTAKER ( ) ( ) auclings, (Address)	24. Wes disease or injury in any way related to occupation of deceased?
20. FILE Mar. 10,037- Clinaberh Mick	(Sighed) D 1990 M. D.
If more blanks are needed, address State Remistrary	2411 N. Charles Street, Baltimore, Requesting U. S. No. 2.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis APR	1921	Run over by street car	1 week ago
Cerebral hemorrhage V. S.	July 5, 1927	Peritonitis	3 days ago
Other contributory causes of importance:	Name of the	Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year